

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-573,834

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5	1			1		
6		1		1		
7		1		1		
8		1	1			
9		2		1		
10		3		1		
11		2		1		
12		0	1			
13		0		1		
14		2		1		
15	1			1		
16		0		1		
17		0		1		
18		0		1		
19	1			1		
20		1		1		
21		1		1		
22	1		1			
23		1		1		
24		1		1		
25		3		3		
26		3		3		
27		3		3		
28		0		0		
29	1		1			
30		0		0		
31		0		0		
32		0		0		
33		0		0		
34		0		0		
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50						
TOTAL IND.	6	↓	5	↓		↓
TOTAL DEP.	47	←	41	←		←
TOTAL CLAIMS	53		46			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						